

SOUTHWEST REGION/CEDAR CITY

CIQA Meeting

June 17, 2009

Present: Doug Spencer, Amber Perkins, Gwen Knight, Duane Jarvis, Helen Rosso, Denny Heaton and Debbie Yardley.

Excused: Destry Maycock

Welcome: Amber welcomed everyone to the meeting. She introduced herself to all present and accepted the nomination as the new Chairperson for this committee. Amber informed everyone that Destry would be not attending the meeting today as he is on medical leave.

Helen Rosso with the Safety Solutions Coalition came from Nebraska to Utah to further her education in forensics. After arriving in Utah, Helen decided to work for the Coalition instead; she has been with them for three years. Helen advised everyone that there are State monies for a Youth Alcohol Task Force and other grants as well for the youth in our area. The State Crime Task Force has also raised money to educate youth for a period of time. There is always a need for funding for drug prevention purposes for our youth.

Helen discussed trips that the Coalition takes to Washington DC for training purposes. This training is designed to get information out there for committees and youth regarding alcohol and drug problems. Last year, nine youth were taken to DC; when they returned, they assisted with schools to provide information necessary to prevent youth from becoming involved in drugs and alcohol. Helen has felt that the Coalition needs to be in Southern Utah; a conference will be held at SUU in November 2009. Adults and children are invited to attend. Helen has been working with Brianhead management; she hopes to begin monthly alcohol, illegal drug and prescription drug messages very soon. Other services that the Coalition has been involved in include Shop with a Cop and a meeting/discussion with Senator Hatch. In January/February, the coalition will again begin preparing for another Washington DC trip.

Members of the Coalition include: law enforcement, EMT's, a member of the Extension Office, hospital personnel, Task Force Team, Highway Patrol and fire department personnel. The Coalition has experienced a lot of success with law enforcement involvement. The Coalition is based around children getting involved in drug prevention; these children assist in assemblies and meetings where drug prevention information can be shared to youth. Kids can join the Coalition just by showing up at a meeting. A website will become available at

the end of July 2009; kids are encouraged to visit the website and participate with the Coalition.

Doug asked about the IHC medical partners and their involvement with the Coalition. Helen stated that IHC has to treat pain; it would be interesting to see what their views are on this problem. The Coalition is in the last stages of securing funding for prescriptions that are no longer needed; this is being done in five counties so far. Doug agreed that it is difficult to know what to do with old prescriptions. Boxes for the "un-needed prescriptions" will be placed in locations where the medication can be monitored and disposed of safely. Once the boxes are in place, youth will campaign how to use the boxes and how these types of prescriptions can be handled safely with no theft. Doug added that it is scary that parents are contributing to the abuse of prescription drugs to their children through their own use. Some parents believe that it is ok if they abuse the prescription in their own home. Helen agreed and stated that physicians are prescribing too much medication. Physicians receive commission on drugs that they prescribe; this may be why they prescribe too many pills in one prescription. Pharmacy companies are always pushing drugs. It is frustrating for DCFS when clients are on high levels of prescription drugs and aren't able to properly care for their children. During the case process, the client will have their physician testify that they are in need of the prescribed medication and it would be unhealthy for them to not take them. The problems with the client's drug use then gets worse. Amber said that she sends clients to Workmed to detect the levels of drugs in their system, if they provide her with a legitimate prescription. If they are abusing their prescription, they are not allowed to come back. Helen feels that physicians are there to treat the pain; they are unable to look outside the box. She feels that physicians, nurses and pharmacy personnel need to be more educated.

Review Minutes and Follow-up Items:

Everyone reviewed minutes from May 20, 2009.

- **Horizon House:** Horizon House will remain open at this time. Due to budget cuts, it was the intent to close down the facility. However, cuts were made in other areas, which will allow Horizon House to remain open. At this time, there are **nine** beds available for females and **18** beds available for males. At Desert Haven, residential facility for mother and children, there are only **seven** beds available. There is an extensive waiting list at this time as well; the beds are filling up fast. Helen asked if there is a specific person to contact for possible grants. Following a brief discussion, Doug recommended that she contact Destry. Doug expressed concern that some clients are substituting Methadone for illegal drug use in order to get in the program. He doesn't feel that it makes sense to substitute one drug for another, since Methadone is an addictive drug as well. In his experience with clients using Methadone, it always seems to

delay the treatment process. Duane stated that clients have to appear in person to obtain Methadone from a physician; and, the drug is very expensive. Amber added that clients would not be allowed in any treatment facility until they are clean. It has proven to be very frustrating for DCFS when their clients are in a program and continue to use prescription drugs. Duane reassured Doug that Southwest Center is very rigid about prescription drug use. DCFS struggles to assist clients when some physicians legitimize their drug use with these types of prescriptions.

- **Luncheon:** The "Luncheon" given by the foster parents in Cedar City will not be discussed today. The committee will continue planning for this luncheon will held at the next CIQA meeting; Amy will be present at that time.
- **QIC Recommendations:** Amber referred to and read the email from Destry to Lori Orton.
- **Intern Groups for clients on a waiting list for residential treatment:** Doug anticipates a backlog of clients needing a bed in a residential treatment facility due to more court ordered treatment for our clients. Duane said that the lack of planning on the part of the parents creates a problem for Southwest. Doug feels that if our clients are using, DCFS needs to follow through with an Order to Show Cause. DCFS does try to stay on top it throughout the case. A Service Plan is created for the clients that outline timelines and requirements they should comply with. The Service Plan needs to be used on a regular basis and possibly consider using short timelines so the case does not get extended. Duane agreed that some parents don't realize how long treatment will actually take. Clients are told that bed space is limited and time is a factor.

Doug stated that DCFS takes an arrest or methamphetamine use very seriously. In these situations, the clients are required to get obtain an assessment and enter into treatment into order to better take care of their children. Drug abuse is one of the most difficult CPS cases to support unless law enforcement is involved. Doug has had some sever cases that started with prescription use for an injury. He discussed a case that occurred six years ago in Beaver. Duane agreed that a lot of clients that he works with get prescriptions from grandma's cabinet. Helen stated that the Coalition has come up with a "box" idea to place in different areas for people to drop off old or unused prescriptions that are no longer needed. Some pharmacies will take back medication if requested, but there are many that don't.

Helen feels that the problem is "prevention". We all need to strive to get rid of the drugs and their availability. The Coalition has proposed a program to begin educating children when they are a freshman in high

school. When a child is a freshman, the child's parent is required to attend a one-hour class for drug prevention with their child. Once the class is completed, they can then receive their activity card. Helen feels that we need to get to the adults/parents as well as the kids. She would like the opportunity for the coalition to provide statistics on drug use to not only the kids, but their parents too. Helen is always looking for information that the Coalition can provide and would be needed by everyone. The Coalition is always looking for feedback to further their messages.

Review Data/Reports: Doug reported that it is the practice of DCFS to meet the least restrictive requirements; sometimes this practice backfires. Doug reviewed a report regarding a youth whose needs were not met; he provided specifics of the case for the committee. The youth was initially placed with Dorothy Lial and the placement was successful for a few months. Another child was placed with Dorothy and the two boys began fighting. This particular youth then went into a Turning Point home, which again lasted several months. That placement failed also; the youth then entered O&A in Richfield where they thought they had figured him out. Upon completing O&A, he entered into another Turning Point home, which didn't work out. The youth was moved to Parowan and was doing fairly well in that placement. The family began talking about adopting him and the placement disrupted. Now, the youth is in St. George working on getting his life skills in check. Doug feels that DCFS missed the mark because his needs were not addressed correctly. This youth might have better fit the corrective action model rather than the foster family model. Denny said that problems arise with these youth along the way and it is difficult to see those prompts while working the case. Duane said that our system is set up to first place children in the least restrictive placement. Doug then expressed concern about the loss of financing to place children where their needs would best be served. It means a lot to a child when the foster parents have genuine concern for them.

Doug continued to review the report with the committee members. It was noted that there are children in foster care that have issues beyond being abused or neglected. The "drug kids" that have attachment problems do not stay in placements for a long period of time. During the DCFS QCR reviews, the reviewers look at the number of placements that a child has been in. Gwen added that the CASA statistics show that when a child in foster care has a caring, attentive CASA volunteer to lean on, they actually do better in their foster care placement. She has seen CASA volunteers make a difference in the lives of many children. A CASA volunteer is a court appointed special advocate; they are required to undergo training to appropriately work with and advocate for children. Karla Staheli, Guardian ad Litem, makes the final decision as to who is hired as a CASA volunteer and who isn't. She likes to make sure that the

volunteers have caseloads that are manageable. Gwen added that these volunteers are there as support for the children; she would like to see CASA volunteers more involved in the teaming process with foster care children. Gwen will submit the CASA data reports to the team for review. Gwen is always looking for new volunteers; especially people who will follow through. She will train the approved people who wish to become a CASA volunteer. There is a screening process for all applicants.

The Southwest Region QCR Report will provide feedback to those involved in services. Training was held recently for DCFS; no one passed. The efficiency of the standards is questioned if no one passes. Doug said that some statistics are good information and has actually brought a lot of attention for caseworkers to do a good job. It is hopeful that during the next QCR, parental involvement will be evaluated to determine where the breakdown with placements took place in the case.

Action Plan: Destry has requested that the committee work on an action plan. Doug appreciates the feedback given today to determine how the system is doing. Due to time constraints today, this topic will be further discussed at the next meeting.

Conclusion: The next QIC meeting is scheduled for August 19, 2009. The "Luncheon" may happen before the next meeting if Destry works out the details with Amy prior to August. Gwen suggested that the luncheon be held close by rather than driving long distances. Everyone is willing to assist with the luncheon in any capacity. Helen asked if a guest speaker had been considered for the luncheon. If so, she suggests that Nyla Barnes be the guest speaker.